Health Communication Interventions for Promoting Menstrual Health and Hygiene Management in India: A review.

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Abstract. Health communication interventions for promoting menstrual health in India is an unexplored area. It is commonly known that using strategic communication to plan and carry out projects that affect health behavior and societal change is an effective strategy. There are numerous interventions carried out in India, focused on health related to menstruation and its hygiene management at different levels starting from the grassroots. This review aims to assess a wide range of published research that has utilized various approaches to investigate the effectiveness and variables of communication interventions influencing practices of menstruation and its hygiene management of women and teenage girls in India. The studies from India examining the different communication interventions were identified through online databases such as PubMed, Medline, Ovid, Sage Journals, Science Direct, Springer, Taylor, Francis, DOAJ, and Google Scholar. Findings highlighted different communication interventions like SBCC, BCC, IEC, and interpersonal communication were efficiently utilized to promote menstrual health information among adolescents and women of reproductive age.

1 Introduction

Every month teenage girls and women go through a natural physiological process of a 5-7-day menstrual cycle [1]. More than 300 million women and girls of reproductive age menstruate each day all over the world [2]. On average, a woman will have 400 menstrual cycles before menopause [3]. In improving global population health, menstrual health is vital [4], meeting the Sustainable Development Goals (SDGs), and ensuring human rights and gender equality [5]. Menarche, the beginning of menstruation, is a crucial stage for a teenage girl, signalling her transition into puberty and womanhood [6]. After menarche, teenage girls and women require proper awareness of menstrual health practices to fully participate in daily activities [7]. Menstrual Health and Hygiene Management (MHHM) can be defined as,

‘Use of disinfectant material for absorption or collection of blood that can be changed in private as needed for the period of menstruation, by using soap and water for cleansing the body as needed and accessing the facilities for the proper disposal of used menstrual management items.[8,9]

According to studies conducted in low and middle-income countries (LMICs), more than 50% of girls have insufficient MHHM, with larger numbers reported in rural regions [10-13]. Women's hygiene practices in the time of their menstrual cycle are critical since there are higher chances of reproductive tract infections (RTI), which may lead to serious health issues later [10]. While most girls have prior knowledge of menstruation before they have their first menstrual cycle (menarche) a substantial percentage do not, and most girls do not completely grasp the physical process of menstruation. In Nepal, 92 percent of 204 adolescent girls surveyed had heard about menstruation, however, the majority of respondents said they were unprepared for their first period in any way [14]. In a study conducted in Rajasthan by Khanna et al. [11], a lack of proper communication, ignorance,
erroneous perceptions, and unhealthy menstrual practices are leading causes of reproductive and sexual health issues. Another study conducted in Egypt by El-Gilany et al. [12], revealed the influence of culture and beliefs in the country, menstruation is not regarded as an appropriate topic of discussion, resulting in a paucity of accurate and readily available information. In developing countries like Ethiopia, menstruation is frequently perceived as a curse, a symptom of disease, a punishment from God, a lifelong process, and other types of taboo [15].

In some parts of India, rigorous dietary restrictions are also observed during menstruation, such as the avoidance of sour foods such as curd, tamarind, and pickles by menstrual girls [16]. Even though the socioeconomic background of the family and the education of parents and girls influence and affect adolescent girls’ menstruation practices, religion, caste, society, and age-old beliefs guide menstruation practices in many groups and households [17]. Uneasiness in addressing sexuality, reproduction, and menstruation among parents and teachers [18] is also a leading cause of menstruation knowledge gaps, and misconceptions, being unprepared to manage it and unclear when and where to seek support among adolescents[19]. And these barriers to accessing proper information related to menstrual health will negatively impact their (adolescents and menstruating women) health and well-being. Although the Sustainable Development Goals (SDGs) of the UN make no direct mention of any goal or indicator of menstrual health and hygiene, it is widely acknowledged that poor MHM practices will have a negative impact on countries’ initiatives and performance in achieving a number of important developmental goals (SDGs 3, 4, 5, 6, 8, and 12) [20]. To overcome such a challenge, social determinants such as age, gender, exposure to sex education, media exposure, school style, parental supervision, and parents’ educational level have to be considered to evaluate their influence on health and hygiene management during the time of menstruation. Effective communication is one way they can exert influence on Menstrual Health Management (MHM) [21].

Health communication strategies to initiate proper awareness and behavior change related to menstrual health practices are well observed all over the world. Health communication is a rapidly expanding and growing profession in both public health and the nonprofit and commercial sectors. Influencing individuals and communities is one of the primary goals of health communication and the purpose is admirable, as health communication seeks to enhance health outcomes through the exchange of health-related information [22]. Over nearly four decades, health communication has progressed from information, education, and communication (IEC) to behavior change communication (BCC) to Social and Behavioural Change Communication (SBCC) and, more recently, risk communication and community engagement (RCCE) [23]. Ali and Rizvi [24] traced out a multifaceted strategy emphasising the development of mothers’ and teachers’ understanding of sex education and instructional skills, the use of religious institutions as contexts for sex education, and the effective use of midstream and mainstream media as channels for the promotion of reproductive health are advised for improving adolescents’ conceptions and behaviours regarding menstruation. Communication interventions particularly focusing on menstrual health and hygiene management have been introduced all over the world, leading to advanced behavioral changes in perceptions of menstruation [25-27].

The number of women in the reproductive age range (15–49 years) in India exceeds 31 crores (Census 2011) [28]. Considering the living conditions and practices carried out in terms of menstrual health, Menstrual Health Management (MHM) has been included in national policies and programmes by the Government of India as part of measures to improve the health, well-being, and nutritional condition of teenage girls and women, as well as to reduce adolescent girls’ school absenteeism. The “Swachh Bharat: Swachh Vidyalya” programme was launched to ensure that every school in India has a set of functional and well-maintained Water, Sanitation, and Hygiene (WASH) facilities, such as soap, private changing room, appropriate water for washing, and disposal facilities for used menstrual absorbents [29]. Prioritizing Menstrual Health Management (MHM) as a key component, the Ministry of Health and Family Welfare (MoHFW) has launched the Reproductive- Maternal-Neonatal- Child and Adolescent Health (RMNCH+A). The objectives of the Menstrual Hygiene Scheme (MHS) under the Adolescent Health are [30].

· Improve girls’ understanding of menstrual hygiene.
· To increase rural adolescent girls’ accessibility to and usage of high-quality sanitary products.
· To encourage sanitary napkin disposal that is friendly to the environment.

Also under this scheme, Accredited Social Health Activists (ASHAs) have been deployed all over India to ensure adolescent girls are getting good quality and subsidized sanitary napkins and other required products for the safe and hygienic practice of menstrual health. Along with supplying necessary commodities to the beneficiaries, the ASHAs, ANMs, and AWWs are also actively promoting Menstrual Health Promotion through interpersonal communication among girls who are undergoing the menstruation process [31]. Despite the numerous measures launched thus far, a slew of issues must yet be addressed. Ensuring healthy Menstrual Health Management (MHM) for women would necessitate a thorough understanding of the complexities of the problem, the demands, and the influencing elements that could potentially influence Indian women’s perceptions and practices [1].
Behavior change communication (BCC) interventions are one technique to bridge the gap between service availability and utilization [32]. The principle underlying BCC strategies is that by promoting healthful behaviours through communication channels and creating a supportive environment, individuals will be able to engage in these health-promoting behaviours [33]. Access to precise and practical information is a must for safe menstruation practices. In India, prevalent sociocultural conventions, beliefs, and practices make it difficult for women and girls to discuss menstruation openly and without fear or shame. However, to identify the important gaps that need to be filled in the future for sustainable scaling up of MHM awareness, evaluation of the current ongoing awareness interventions at the programmatic level in changing the community norms around menstruation is necessary. In this context, this review aims to collect, sum up, and critically evaluate the peer-reviewed scientific studies on the health communication interventions implemented by non-governmental organizations, medical institutions, voluntary organizations, and individual researchers on Menstrual Health and Hygiene Management (MHHM) in India and their outcomes associated with menstrual health knowledge, attitude, and behavior changes among women and adolescent girls. Furthermore, an effort has been made to comprehend the content/topics, target population, human resources involved, duration, and delivery modalities used in these interventions.

2 Methods

This review aims to compile a wide range of published research that has utilized various approaches to investigate the effectiveness and variables of communication interventions influencing Menstrual Health and Hygiene Management (MHHM) of women and adolescent girls in India.

The review looked at numerous population-based studies, independent studies, and reports published since 2001 on MHHM outcomes in India, but only those publications that were compatible with the study objectives were kept for final review. Studies for the review were collected from online databases such as PubMed, Medline, Ovid, Sage Journals, Science Direct, Springer, Taylor, and Francis, DOAJ, and Google Scholar. The following keywords were used for searching: Menstrual Health, Menstrual Hygiene, Communication, Menstrual Communication, Menstrual Health Communication, Health Communication, IEC, SBCC, Interpersonal Communication, Community Health, Adolescent Health, India. The search approach produced the titles and summaries of the studies, which were then checked against inclusion and exclusion criteria (Table 1). Setting these conditions resulted in the acceptance of 237 articles. Duplicates were deleted, and the abstracts were reviewed for relevance. The final review included 16 papers that were deemed to match the inclusion criteria (see Figure 1).

![Search Strategy Flowchart](https://doi.org/10.1051/e3sconf/202345301014)

Fig. 1. Search Strategy Flowchart.
The researcher developed a data abstraction form to abstract important elements from each paper. The form included: author(s), title of the paper, journal/publication details, year of publication, objectives of the study, study setting, sampling size, research design, data collection methods, findings of the study, and limitations.

And the resulting analysis summarises the impact of health communication intervention on menstrual health and hygiene based on knowledge, attitude, and behavior outcomes.

<table>
<thead>
<tr>
<th>Inclusion Criteria</th>
<th>Exclusion Criteria</th>
</tr>
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<tbody>
<tr>
<td>All studies included women of reproductive age (15-49) in India</td>
<td>Studies do not include women of reproductive age (15-49) in India</td>
</tr>
<tr>
<td>Studies that examined factors contributing to menstrual health and hygiene</td>
<td>Studies that do not have factors contributing to menstrual health and hygiene</td>
</tr>
<tr>
<td>Studies that examined Health Communication Interventions for promoting Menstrual Health</td>
<td>Studies that do not have Health Communication Interventions for promoting Menstrual Health</td>
</tr>
<tr>
<td>Studies published in peer-reviewed journals and written in English</td>
<td>Editorial letters, review articles, commentary, and papers outlining public policy were excluded from this review.</td>
</tr>
<tr>
<td>Dates ranged from 2001 to June 1, 2023</td>
<td>This review excluded studies conducted before 2001</td>
</tr>
</tbody>
</table>

2.1 Study Selection

A total of 237 papers were identified through different databases. From the search, 99 duplicates were found and removed. After screening titles and abstracts, 30 studies were included. In the final section, sixteen papers were identified and assessed for quality. This literature study covered a total of sixteen papers.

2.2 Study Characteristics

The study descriptions listed in this review have been summarised and presented in Table 2. The characteristics include the author(s), study setting, sample size, communication intervention, and objective of the study. Sixteen studies that met inclusion criteria were identified and the studies were identified from various regions of India. Among the 16 studies reviewed here, 3 were from Uttar Pradesh, 2 were from Delhi, and 2 were from Maharashtra. There were single papers from West Bengal, Assam, Rajasthan, Karnataka, Himachal Pradesh, Punjab, Tamil Nadu, Uttarakhand, and Northern India Studies were published between 2010 and 2023, with the majority appearing in 2016 and 2023.

3 Findings

3.1 Types of Health Communication

Different types of communication interventions for promoting menstrual health and hygiene have been identified while reviewing the 16 studies.

3.1.1 Social and Behaviour Change Communication (SBCC)

Out of all 16 studies, 5 studies reported the usage of Social and Behaviour Change Communication (SBCC) as a communication strategy to encourage healthy behaviours and end the taboo surrounding menstruation in India. The GARIMA initiative which was launched by UNICEF and local NGOs in Uttar Pradesh, India, focussed on addressing information, attitudes, and practices through multi-media channels with the individual as the primary audience and to transform power within social and political institutions, using the community as the unit of change [34]. A similar study on GARIMA was conducted by Ramaiya et al. [35] with the objective to predict whether exposure to SBCC intervention can lead to MHHM. Another study conducted on GARIMA verified how interpersonal practical guidance (IPG) and SBCC influence adolescent girls’ knowledge, attitudes, and practices (KAP) in terms of purchasing, using, and disposing of menstruation items [36]. A behavior change communication (BCC) intervention among women belonging to the marginalized community, reflected a heightened awareness of the signs and symptoms of general and reproductive problems [37]. Mahanta et al. [38] reported SBCC was proven to be beneficial in boosting awareness
among teenage females in Assam’s High Priority Districts by leveraging infotainment in community perspective and practices for adolescent health, nutrition, HIV/AIDS awareness, and other RTI/STI.

### 3.1.2 Information, Education, and Communication (IEC)

A total 7 studies reported the usage of the Information, Education, and Communication (IEC) method to promote health and hygiene practices during menstruation among girls and women of reproductive age. Sharma et al. [39] have established ‘PRAGATI (Peer Action for Group Awareness through Intervention)’, a carefully planned peer educator training programme, to assess the current knowledge, attitude, and practices addressing menstrual health among adolescent schoolgirls. A comic book with illustrations called ‘Menstrupedia’ has been used as IEC material for the training programme. The comic book along with a health questionnaire was circulated among adolescent schoolgirls and their responses were recorded. Peer Educators’ training with IEC materials induced a good approach to learning about reproductive health menstrual health and hygiene among the respondents who were eager to listen to and discuss something unusual in village settings.

A ‘multi-centric action research demonstration study’ conducted on women in the Kolar district of Karnataka, evaluated the effectiveness of intervention on menstrual health and hygiene with the help of pre-developed IEC materials [40]. The intervention was shown to be beneficial in the form of a considerable increase in awareness about the use of napkins/sanitary pads and their disposal. Aside from that, the level of awareness of menstrual discharge anomalies has substantially increased among the respondents. Dongre et al. [41] conducted a community-based health education intervention by using IEC materials to assess adolescent girls’ awareness and behaviour modification about MHHM. Utilizing the guidelines of the Program for Appropriate Technology for Health (PATH), the researchers developed a handmade flip book containing needs-based key messages about menstrual health and hygiene management. The trend analysis of the study revealed that the respondents gained a positive change in their level of awareness and attitude toward menstrual health practices.

To review the impact of IEC on reproductive health among adolescent girls in the Mandi district of Himachal Pradesh, Panda and Sehgal [42] carried out a sociological study and gauge how well-informed adolescents are about their own bodies, adolescent health concepts, gender stereotypes, girls’ reproductive health understanding, and competence and the reliability of health information sources. The study revealed that there is a need for need-based intervention, concerning health-seeking behaviours, the research shows unequivocally that need-based care via professional interactive counselling is what today’s young girl expects. Jyoti et al. [43] carried out an IEC intervention in a batch of 25 girls in the schools in Amritsar, each for 20-25 minutes in their vernacular language, about typical menstruation patterns, health and hygiene practices during menstruation, and related concerns along with a flipbook with graphics was implemented to make adolescent girls aware about healthy menstrual practices. Following the intervention, the percentage of respondents who were aware of the adverse impacts of unsanitary menstruation practices increased from 63% to 86.63%. An intervention study carried out with IEC was conducted in Tamil Nadu and utilized animated videos and interactive sessions in the vernacular language to promote health education on safe menstrual hygiene practices [44]. A video-assisted learning programme on adolescent girls’ knowledge of menstrual hygiene at selected schools in Uttarakhand, showed a positive association between students’ knowledge of menstrual hygiene and information received from the video-assisted teaching programme [45].

### 3.1.3 Interpersonal Communication

To identify the relevance of menstruation-related interpersonal communication and its impact on adolescents’ health in India, Gundi and Subramanyam [21] carried out a mixed-method study in the Nashik district in India. The paper highlighted, in a patriarchal country like India, it’s high time to focus more on ‘gender and setting specific communication’ programs to address health issues like menstrual health and hygiene management. To evaluate, how interpersonal communication generates knowledge that can lead to possibilities to discourse about menstruation and comprehend difficulties associated with bodily changes, Rawat et al. [46] examined adult women who are studying in college from two cities in Northern India through focussed group discussions and in-depth interviews. Their discussion surrounding the communication patterns related to menstruation and the social practices reflected the roots of shame and secrecy, as well as how current chances for transparency inspire people to look forward to a constructive change. Another study examined the role of the mother as the prime source of information for adolescent girls during their menstruation days, and how the interpersonal communication between mother and daughter, promotes a safe menstrual health practice, indicating interpersonal communication can be an intervention to mitigate the social and cultural norms and pressures surrounding menstruation [47]. Understanding the perspective regarding menstruation and the role of interpersonal communication in addressing myths and prejudices surrounding menstruation revealed that, policy
interventions should be implemented as an initiative to engage adolescent girls in menstrual health and hygiene management programmes [48].

Table 2. Summary of Communication Interventions with Objectives

<table>
<thead>
<tr>
<th>No.</th>
<th>Author</th>
<th>Study Setting</th>
<th>Sample Size</th>
<th>Communication Intervention</th>
<th>Objective of the Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Sood et al. [34]</td>
<td>Uttar Pradesh</td>
<td>Rural Adolescent Girls n= 2212</td>
<td>Social and Behaviour Change Communication (SBCC)</td>
<td>Evaluating how an SBCC intervention affects MHM and norms of society.</td>
</tr>
<tr>
<td>2</td>
<td>Ramaiya et al. [35]</td>
<td>Uttar Pradesh</td>
<td>Rural Adolescent Girls n= 2206</td>
<td>Social and Behaviour Change Communication (SBCC)</td>
<td>To see if a social and behavioural change communication (SBCC) intervention (GARIMA) had any effect on knowledge, attitudes, interpersonal communication, limitations, and MHMM.</td>
</tr>
<tr>
<td>3</td>
<td>Block et al. [36]</td>
<td>Uttar Pradesh</td>
<td>Rural Adolescent Girls n= 2384</td>
<td>Social and Behaviour Change Communication (SBCC)</td>
<td>To comprehend the separate effects of 'Interpersonal Practical Guidance (IPG)' and SBCC-driven 'mediated practical guidance (MPG)' on adolescent girls' KAP regarding the purchase, usage, and disposal of menstruation goods.</td>
</tr>
<tr>
<td>4</td>
<td>Ghosh and Saha. [37]</td>
<td>West Bengal</td>
<td>Non-menopausal women n= 1196</td>
<td>Behaviour Change Communication (BCC)</td>
<td>To develop and test an integrated package of communication campaigns on reproductive health</td>
</tr>
<tr>
<td>5</td>
<td>Mahanta et al. [38]</td>
<td>Assam</td>
<td>Rural Adolescent Girls n= 528</td>
<td>Social and Behaviour Change Communication (SBCC)</td>
<td>To evaluate the impact of informational entertainment on the public's opinion of adolescent reproductive and sexual health care</td>
</tr>
<tr>
<td>6</td>
<td>Sharma et al. [39]</td>
<td>Rajasthan</td>
<td>Adolescent Girls n= 78</td>
<td>Information Education and Communication (IEC)</td>
<td>To elicit the existing knowledge, attitude, and practices during menstruation by using a structured training program through peer educators-PRAGATI</td>
</tr>
<tr>
<td>7</td>
<td>S et al. [40]</td>
<td>Karnataka</td>
<td>Women n= 400</td>
<td>Information Education and Communication (IEC)</td>
<td>To sensitize, mobilize and engage women regarding menstrual health and hygiene through IEC</td>
</tr>
<tr>
<td>8</td>
<td>Dongre et al. [41]</td>
<td>Maharashtra</td>
<td>Adolescent Girls n= 383</td>
<td>Information Education and Communication (IEC)</td>
<td>To assess adolescent girls' awareness and behaviour modification about menstrual health and hygiene management through IEC</td>
</tr>
</tbody>
</table>
3.2 Outcomes of Communication Interventions on MHHM

Results from the GARIMA evaluation revealed higher exposure levels were associated with favourable social norms, which raised the likelihood of effective MHHM use [34]. Another study conducted on GARIMA intervention identified teenage girls who had higher exposure to the communication programmes had considerably greater levels of some conversation and discourse, a greater degree of understanding of reproductive organs, greater degrees of understanding of puberty, and more positive attitudes about gender-related issues [35]. The mediators included in the study such as knowledge, attitudes, interpersonal communication, and restrictions showed a significant association with the behaviours corresponding to MHHM. In the study conducted on Social and Behaviour Change Communication (SBCC) by Block et al. [36] the participants in the intervention group were more inclined to report having positive views about the appropriate final disposition of products (86.5% vs. 79.4%). Additionally, more girls in the intervention group
reported having the correct knowledge and habits regarding the use and disposal of menstrual products than did the
comparison group. PRAGATI (Peer Action for Group Awareness Through Intervention) which utilized Information
Education and Communication (IEC) resulted in an upward trend in the adoption of better MHHM habits among
teenage girls [39]. The respondents' understanding of the average menstrual cycle's duration dramatically rose from
30.8% to 62.8%, who accurately marked it as two to seven days. The participants' exposure to the health
communication and behaviour change intervention had a positive, significant overall effect on raising awareness of how
to appropriately detect the symptoms of common illnesses and reproductive disorders.

Ghosh and Saha [37] carried out an SBCC intervention with a video show called, ‘Fact for Life’ (FFL) focussed on
nutrition, and sexual and reproductive health of adolescents, resulting in a significant improvement in the knowledge,
attitude, and behaviours of the participants. Also, the 10-week intervention programme with a pre-and post-show
assessment by showing 10 videos with the objective of promoting interpersonal communication induced a positive
MHHM practice in the community. The IEC intervention in senior secondary schools conducted in Himachal Pradesh to
examine the effectiveness of IEC and reproductive health (RH) degree of knowledge/awareness on teenage girls
reported IEC on RH for adolescent girls is directly correlated with their ascriptive status, which includes their age,
caste, kind of family, and place of living [42]. Another paper on IEC intervention in senior secondary schools in Punjab
reported that nearly two-thirds (63%) of the 187 respondents were aware of the issues associated with unclean
menstruation practices; after the intervention, this percentage rose to 86.63% [43]. An intervention on menstrual
hygiene and health of women in Karnataka with pre-developed IEC materials identified a huge increase in knowledge
about the usage and disposal of sanitary napkins and pads [40]. In addition, there has been a large increase in awareness
of irregular menstrual discharge and related health problems among the participants. A trend analysis to assess the effect
of community-based health education and dissemination of health messages on menstrual hygiene management resulted
in an increase in ready-made pad users from 5.2% to 24.9% [41]. Also, for those who were using cloth products, the
procedures of washing them with soap and water and letting them dry in the sun increased from 86.2% to 94.2%.

4 Discussion

This review examined peer-reviewed scientific studies on health communication interventions focussed on menstrual
hygiene and health practices in India. However, there is limited literature that discusses the role of communication in
promoting menstrual hygiene practices and awareness in India. A vast majority of the literature in India is focused on
understanding knowledge, attitudes, practices, culture, and socially restrictive practices related to menstruation, with
less attention given to the relevance of communication.

There were only 16 studies that met the inclusion criteria in the final results of the search. The health
communication interventions such as SBCC, BCC, IEC, and Interpersonal communication were identified. And they
were observed to be positively influencing menstrual health and hygiene management. The communication strategies
used in the studies resulted in bringing behavioural changes associated with menstrual hygiene and health practices
among girls and women of reproductive age. 4 studies that used SBCC as a tool for communication resulted in bringing
changes to existing social norms and personal beliefs [34], increased knowledge about puberty [35], proper discarding of
menstruation products like cloth or sanitary pads [36] and proper identification of reproductive disorders [37]. The
studies which analysed the role of IEC and interpersonal communication were found to be effective in enhancing the
knowledge of a typical menstrual cycle [39], increasing awareness regarding RH and RTIs [42], and addressing myths
and prejudices surrounding menstruation during COVID 19 [48].

There was little mention of the underlying conceptual/theoretical framework that informed campaign conception and
implementation in several of the articles reviewed. Scholars of health communication have long determined that
communication projects are more likely to succeed if they are founded on good theoretical concepts [49]. The review
illustrated that most of the articles did not explicitly consider, the role of different stakeholders in building proper health
communication campaigns. The majority of the studies used experimental research design with a pre and post-test to
evaluate the effectiveness of the communication interventions. Only a few studies adopted quantitative research designs
to statistically evaluate the programmes [50-53].

Similar reviews on health communication strategies with respect to different health practices have also identified
that well-monitored and well-planned communication interventions can promote and improve their communities' health
and social development.

5 Conclusion

Health communication interventions have significant penetration and use in India, allowing for the efficient reach of a
large group of people. Information carried out through different communication channels has the potential to promote
health by increasing knowledge and influencing views. The current review was based on health communication interventions focussing on menstrual health and hygiene management for girls and women of reproductive age. Different types of communication interventions implemented in India centred on knowledge generation, attitudes, and behavior change were included in this review. The review identified that communication interventions are participatory in nature; the needs assessment, creation of health education materials, dissemination of messages, and evaluation of the study all involved the target audience. In India, studies on health communication interventions to improve standards and practices of menstrual health and hygiene and the proper management of health programmes related to menstruation among adolescents and women are comparatively fewer. This indicates the necessity to conduct more research on how well communication programmes can improve and promote menstrual health and hygiene practices in developing countries like India.

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